

EXHIBIT 35

Message

From: Vickie Cleveland [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=1499044685E34A2AB66381C621A8E416-VICKIE CLEV]
Sent: 8/16/2018 3:57:11 PM
To: Lakesha Stevenson [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=Lakesha Stevenson]
Subject: Items to copy for meeting
Attachments: GNETS Meeting Agenda 8-21-2018.doc; GNETS Request for Consultation as of 6-20-18.docx; GNETS Services FlowChart.pdf; GNETS Confidential Student Information Packet as of 6-20-18.pdf; Guidance for GNETS Placements as of 6-20-18.pdf

Hi Kesha,
Items to be copied attached. Let's make about 50 copies. Can you do a sign in sheet for the meeting?
Thanks

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**GNETS Statewide Directors Meeting
Rutland Academy
Athens , Georgia**



Meeting Focus: GNETS Directors Meeting		Date: 8/21/2018	Time: 9:00 am – 3:00 pm
Planned and Convened By: GNETS Executive Committee and Vickie Cleveland			
Meeting Norms: <ul style="list-style-type: none"> ➤ Be present and engaged. ➤ Actively listen to all members. ➤ Stay on topic. ➤ Begin and end on time. 			
Overall Objective of Meeting: To provide GNETS program directors with updates and professional learning.			
August 21, 2018			
Time	Agenda Item/Activity	Presenter	Outcome/Deliverable
9:00 -9:15	Welcome	Joanna Mock Vickie Cleveland	
9:15- 9:45	ASPIRE	Elise James	
9:45 -10:00	Break (15 minutes)		
10:00-11:00	Con-App Grant Application	Larry Hunter	
11:00-12:00	TKES/LKES	Diana Baird	
12::00 -1:00 Lunch			
1:00-3:00	Strategic Plan Results	Vickie Cleveland	
	Strategic Plan Monitoring Cycles		
	Consideration of Services		
	Individual Student Reintegration		
	Check and Connect		
	Legal Updates		
	Facilities Updates		
	GLRS Reintegration		
	Other		
NOTES			
Program Leadership			

Meeting the Needs of Students Educationally and Therapeutically!

Behavior and Therapeutic Supports

Instructional and Academic Support

Program Funding and Fiscal Management

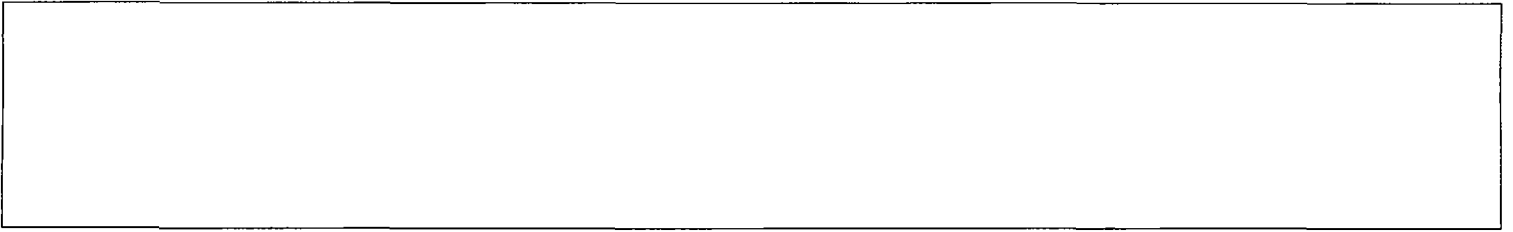
Integration of Services and Capacity Building

Program Accountability

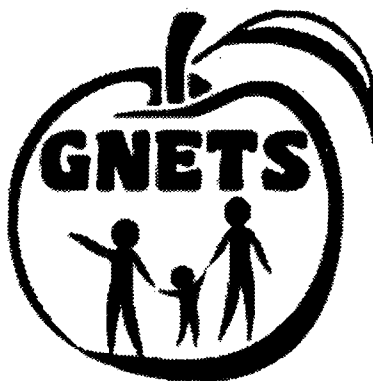
Facilities

General Notes

Meeting the Needs of Students Educationally and Therapeutically!



Meeting the Needs of Students Educationally and Therapeutically!



Georgia Network for Educational and Therapeutic Support

Request for GNETS Consultation

Please review the Guiding Questions for Consideration of GNETS Services as well as the GNETS Services Flow Chart to assist in appropriate educational planning for the student.

**Please keep this coversheet on top of packet for
confidentiality purposes.**

Revised June 2018



Request for GNETS Consultation

Student First/Last Name	GTID		Date Submitted
DOB	Race	Gender	DOB
System	School Attending		Home School

Check the Consultative Services you would like for GNETS to provide (choose one):

- ☐ Participation in a planning meeting
☐ Functional Behavior Assessment (FBA) Coaching
☐ Participate in Behavior Implementation (BIP) Plan Development
☐ Classroom Observation and Written Feedback
☐ Records Review with Feedback

What concerns do you have regarding the student and the reason for requesting GNETS Consultation?

	Print name
Referring Teacher	
Referring Principal (or Designee)	
Special Education Director (or Designee)	

Please email, mail or fax this form to:

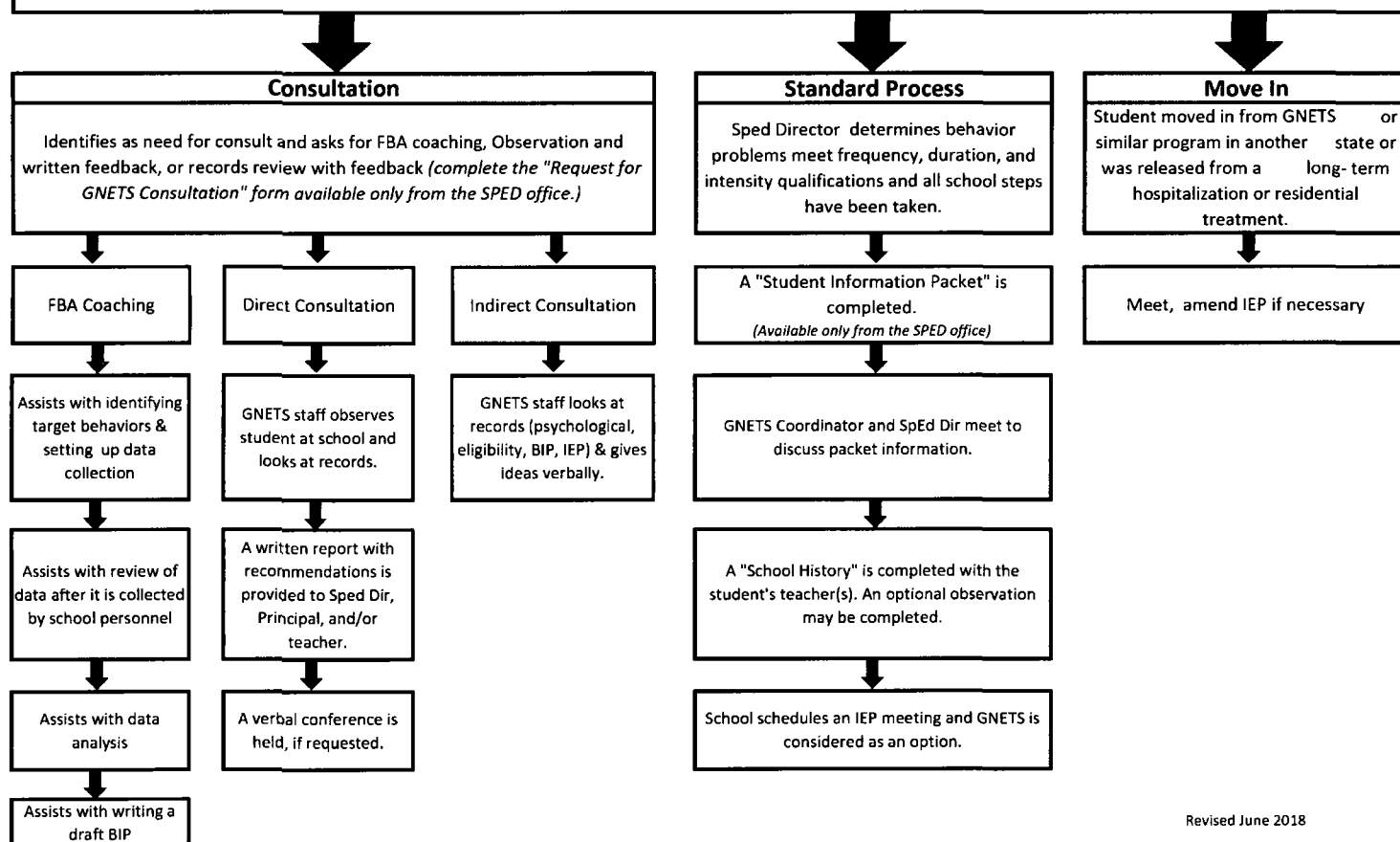
Revised June 2018



GNETS Services Flow Chart

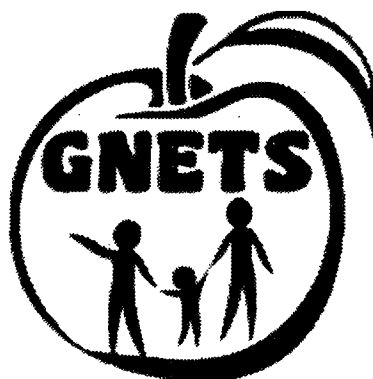
Georgia Network for Educational and Therapeutic Support

A student currently being served in SPED has behavior problems at their school and it is believed GNETS may be an option. *(GNETS services are only for students served in SPED).* School personnel contacts Special Education Director or designee with concerns (outlining frequency, duration and intensity of behavior problems). A check list of "Guiding Questions" is completed to determine whether more work is needed at the school level or to proceed with GNETS involvement.



Revised June 2018

GA00030544



Georgia Network for Educational and Therapeutic Support

Confidential Student Information Packet

Please review the Guiding Questions for Consideration of GNETS Services as well as the GNETS Services Flow Chart to assist in appropriate educational planning for the student.

Please keep this coversheet on top of packet for confidentiality purposes.

Revised June 2018

GA00030545

Confidential Student Information



Student Information Packet

Student Demographic Information

Student First/Last Name	GTID		Date Submitted
DOB	Race	Gender	DOB
System	School Attending		Home School
Physical Address:		City	GA Zip
Mailing Address (If Different):		City	GA Zip
Guardian Name	Guardian Email		
Guardian Cell	Guardian Work Phone	Guardian Home	

What Services would you like for the GNETS program to provide?

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Student Current IEP Information

Primary Disability	Secondary Disability	Annual Review Expiration Date	Eligibility Expiration Date
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The following documents are provided/attached to support the severity of the duration, frequency and intensity of one or more of the characteristics of the disability category of emotional and behavior disorders as indicated:

- ☐ An inability to learn that cannot be explained by intellectual, sensory, or health factors
- ☐ An inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- ☐ Inappropriate types of behavior or feelings under normal circumstances
- ☐ A general pervasive mood of unhappiness or depression
- ☐ A tendency to develop physical symptoms or fears associated with personal or school problems

Documents Provided

- ☐ Current IEP
- ☐ Current Eligibility
- ☐ Psychological Evaluation within 3 years
- ☐ Functional Behavior Assessment
- ☐ Behavior Intervention Plan
- ☐ Progress Monitoring Data on BIP implementation
- ☐ Other (List):

Confidential Student Information


System of Care / Interagency Providers involved with student - Please list agency, contact, and contact phone number (ie. Mental Health, DFCS, DJJ, Private Providers, Etc.

Provider	Contact	Contact Phone

Current Medical and/or Psychiatric Diagnosis (please list diagnosis and physician's name/date)

Current Medications	Medications student has been on in past (if any)
Has the student ever received GNETS Services in the past? If so, please list dates:	Has this student ever been retained? Y N If so, list grades/dates retained:
Please list other additional relevant information:	Type of transportation services needed:

Full Continuum of Special Education Services Offered:

GNETS is the most restrictive placement before a student would be either placed in a residential setting or placed on homebound. Please list all of the less restrictive interventions tried and list the dates of these services. It is important that the full continuum of special education services has been offered to this student:

Services	Number of Segments	Date of Placement	Date Terminated
Consultation			
Regular Ed Classroom			
Inclusion classroom			
SPED Resource or Pull-outs Part Day			
SPED Classroom -Full Day			
GNETS Consultative Services			
GNETS Direct Services			
GNETS Part Day			
GNETS Full Day			
Homebound Instruction			
Residential School or Program			

Student Functional Behavior Assessment and Behavior Intervention Plan

Functional Behavior Assessment Date:	Target Behaviors:
Behavior Intervention Plan Date/Review Dates:	Interventions:

Confidential Student Information

**Disciplinary and Restraint Data****Suspensions: Please list dates and reasons student was suspended this school year:***Example: 8/2/16, 3 day suspension, assaulting teacher*

Emergency Physical Restraint: Please list dates and reasons student was physically restrained this school year if any:

Please list the number of office disciplinary reports and attach to this packet.

Academic Supports

Current Evidenced-Based Academic Interventions	How Often	Site/Login /Password for Web-based interventions that we can continue

Please attach the following documents when you submit this information packet:

- ☐ Current IEP
- ☐ Current psychological evaluation (must be within 3 years)
- ☐ Current Eligibility Report
- ☐ Current Functional Behavior Assessment and Behavior Intervention Plan
- ☐ Comprehensive Social History
- ☐ BASC-3 and Strengths Difficulties Questionnaire
- ☐ Students with Autism: Vineland, ABAS, Basc-3



**Please be sure to refer to the GNETS Flow Chart and Guiding Questions
before submitting this Student Information Packet.**



	Print name
Referring Teacher	
Referring Principal (or Designee)	
Special Education Director (or Designee)	

Please email, mail or fax the student info pack with all documents to:



Georgia Network for Educational and Therapeutic Supports

Guiding Questions for Consideration of GNETS Services

1. Is the student currently served in Special Education?

Is the student currently being served in special education?

YES NO

If the answer is "NO" then GNETS is not an appropriate consideration at this time. Staff may want to consider convening the RTI or SST team to address the next steps for this student.

2. Does this student have a Behavior Intervention Plan (BIP) completed within the past year that is based upon an appropriate Functional Behavior Assessment (FBA)?

- | | | |
|---|-----|----|
| • Has an FBA been completed on this student? | YES | NO |
| • Was information from the FBA used to write the BIP? | YES | NO |
| • Does the BIP appropriately address the current target behaviors of concern? | YES | NO |
| • Is the current BIP being implemented with fidelity across all settings in the school? | YES | NO |
| • Is there data to support BIP implementation as well as its impact on the target behavior? | YES | NO |
| • Has a comprehensive evaluation been completed within the past 3 years? | YES | NO |

If the answer to any of these questions is "NO" or "uncertain," then the BIP should be revised (or implemented appropriately). An FBA or new FBA may also need to be considered and completed (if deemed necessary). Once the BIP is revised or determined that it needs to be implemented as written, then data on effectiveness and implementation fidelity should be kept and a meeting date should be rescheduled to review outcomes.

3. Have any Evidenced Based Interventions been implemented with this student?

- | | | |
|--|-----|----|
| • Have Evidence-Based Interventions (EBI) been implemented with fidelity with this student? | YES | NO |
| • Has data been kept on the EBI's impact with this student? | YES | NO |
| • Does the data clearly show that the EBI is NOT positively impacting the student's behavior? | YES | NO |
| • Have the interventions been implemented for a significant length of time to demonstrate their effectiveness or lack thereof? | YES | NO |

If the answer to any of these questions is "no" or "uncertain," then the team should determine an appropriate EBI to implement with this student. They should review the steps involved in the intervention and work to ensure that all members of the student's team involved in implementing the intervention know how to implement with fidelity. A data collection procedure and method for ongoing fidelity checks should be put in place. A schedule regarding the length of time for the EBI to be implemented should be set and the team should meet to review data related to the effectiveness of the intervention at the end of that time.

4. What is/are this student's current placement and/or circumstances?

- Have all options on the special education continuum been considered and/or tried for this student? (If the answer to this question is "no" then the special education committee may want to convene to consider other placement options, segment changes, delivery models, etc. to insure the student is being served least restrictively. YES NO
- Some additional factors that might need to be discussed/explored:
 - Has the student been explicitly taught the expectations or skill steps? (We should not assume that a student has the knowledge or skills to implement appropriate behaviors - we have to teach them first). YES NO

Guiding Questions for Consideration of GNETS Services

Page 2.

- Has staff tried other preventative measures such as moving the child's desk in the classroom (nearer or away from the teacher or others, the door, etc.), adjusting his/her schedule, or making contact with the parent, etc?
YES NO
- Are there medication issues for this child? (ie. Is he/she supposed to be taking medication but is not or are there concerns with consistency of it being administered? Are there concerns about dosages, etc? (If there are concerns in this area, school staff may want to consider having the school nurse involved to complete a behavior checklist, contact the parent, or contact the doctor's office).
YES NO
- Are there skill deficits in academics that might lead to avoidance behaviors?
YES NO
- If there are known skill deficits, has remediation been provided in this area for the student?
YES NO
- Does the student receive a higher ratio of positive versus negative feedback from his/her teachers on a consistent basis?
YES NO
- Are there changes or concerns in the home setting or has the student experienced any recent losses or trauma in their life?
YES NO

Once all of these questions have been answered, the team needs to determine whether or not there are some areas that need to be addressed prior to moving forward with the most restrictive placement of GNETS. An action plan needs to be developed in regards to the other considerations that might need to be addressed or other placement options within the school may need to be attempted.

Is there documentation that indicates evidence of

- Annual IEP Reviews?
YES NO
- Progress monitoring data aligned with IEP goals?
YES NO
- Documentation indicating prior services were delivered in a less restrictive environment and the student's inability to receive FAPE in that environment?
YES NO
- *All data should be clearly documented in the students Present Level related to all of the questions and answers contained in this document.*
- *IEP goals should be developed and/or revised to include the **behaviors** that necessitate placement in the GNETS Program and the data that supports the placement decision as well as the criteria that will be considered to insure that the student is served in the least restrictive educational placement.*